



Guardian Managed DentalGuard

Managed DentalGuard Rates (DHMO)

Two Tier	Four Tier
\$16.35 Employee	\$16.35 Employee
N/A	\$32.82 Employee/Spouse
N/A	\$33.97 Employee/Child(ren)
\$43.27 Family	\$50.32 Family

Guardian Managed DentalGuard (*In-Network ONLY*)

- \$5.00 copay for each primary care office visit - 1st visit includes cleaning, checkup & x-ray; 2nd visit includes cleaning only
- No annual maximum on the plan
- Most diagnostic and preventive services are provided at no additional cost
- Reasonable and fixed patient charges apply for basic and major services
- Orthodontia benefits are included at no additional premium cost
- No deductible
- Unlimited ability to change dentists monthly

Affordable Care

With the Guardian Managed DentalGuard pre-paid plan, each member selects a primary dental facility from the directory of participating general dentists. All covered family members may choose different primary care dentists, or the same dentist based on personal preference. The primary care dentist will perform all dental services and coordinate referrals to network specialists when necessary. This process ensures continuity of care and helps keep the plan cost-effective.

About the Plan

With Guardian Managed DentalGuard, you and your family can count on accessible, concerned care. All covered services are based on a list of fixed patient charges, so you'll always know exactly what your out-of-pocket costs will be. Plus, there are never any claim forms to complete! If you should need a dental specialist, the Managed DentalGuard network includes oral surgeons, periodontists, endodontists, orthodontists and pediatric dental specialist. Your primary care dental office can obtain a specialist referral. If you use a dentist who does not participate with the Managed DentalGuard network or do not obtain a specialist referral, your procedures will not be covered.

*Dental Coverage can only be elected by a group enrolling in HealthPass medical coverage.
Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers.
Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.
This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.*

**Managed DentalGuard
Patient Charges**

MDG Codes ++	Covered Services	3NYM Ortho 1
Appointments and Diagnostic Services		
D0101	Office visit during regular hours, general dentist only	\$ 5.00
D0102	Broken appointment	\$ 20.00
D0120/D0140/D0150	Oral evaluation	No Charge
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts	No Charge
D9310	Consultation (by dentist other than practitioner providing treatment)	\$ 30.00
D9430	Office visit for observation - regularly hours - no other services performed	No Charge
D9440	Emergency office visit - after regularly scheduled office hours	\$ 20.00
Radiographs		
D0210	Intraoral - complete series (including bitewings)	No Charge
D0220/D0230/D0240	Intraoral - periapical or occlusal - single film	No Charge
D0270/D0272/D0274	Bitewings	No Charge
D0330	Panoramic film	No Charge
Preventive and Space Maintenance		
D1110	Prophylaxis - adult (two services in any 12-month period)++	No Charge
D1120	Prophylaxis - child (two services in any 12-month period)++	No Charge
D1201/D1203	Topical application of fluoride (may include prophylaxis) - child	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	\$ 8.00
D1510	Space maintainer - fixed - unilateral	\$ 54.00
D1515	Space maintainer - fixed - bilateral	\$ 72.00
D1550	Re-cementation of space maintainer	\$ 12.00
Restorative		
D2110	Amalgam - one surface - primary	\$ 15.00
D2120	Amalgam - two surfaces - primary	\$ 19.00
D2130	Amalgam - three surfaces - primary	\$ 23.00
D2131	Amalgam - four or more surfaces - primary	\$ 28.00
D2140	Amalgam - one surface - permanent	\$ 17.00
D2150	Amalgam - two surfaces - permanent	\$ 22.00
D2160	Amalgam - three surfaces - permanent	\$ 26.00
D2161	Amalgam - four or more surfaces - permanent	\$ 32.00
D2210	Silicate cement - per restoration	\$ 15.00
D2330	Resin/composite - one surface, anterior	\$ 20.00
D2331	Resin/composite - two surfaces, anterior	\$ 26.00
D2332	Resin/composite - three surfaces, anterior	\$ 32.00
D2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$ 38.00
D2336	Composite resin crown, anterior - primary	\$ 95.00
D2380	Resin/composite - one surface, posterior - primary	\$ 55.00
D2381	Resin/composite - two surfaces, posterior - primary	\$ 65.00
D2382	Resin/composite - three surfaces, posterior - primary	\$ 80.00
D2385	Resin/composite - one surface, posterior - permanent	\$ 56.00
D2386	Resin/composite - two surfaces, posterior - permanent	\$ 75.00
D2387	Resin/composite - three or more surfaces, posterior - permanent	\$ 95.00
Crown, Bridge and Other Cast Restorations		
D2510	Inlay - metallic - one surface♦	\$ 280.00
D2520/D6520	Inlay - metallic - two surfaces♦	\$ 320.00
D2530/D6530	Inlay - metallic - three surfaces♦	\$ 370.00
D2543/D6543	Onlay - metallic - three surfaces♦	\$ 380.00
D2544/D6544	Onlay - metallic - four or more surfaces♦	\$ 395.00
D2702	Crown supporting existing partial denture, in addition to crown	\$ 125.00
D2703	Multiple crown and bridge unit treatment plan - per unit	\$ 125.00
D2740	Crown - porcelain/ceramic substrate	\$ 395.00
D2750-D2752	Crown - porcelain fused to metal♦	\$ 395.00
D2790-D2792	Crown - full cast metal♦	\$ 395.00
D2810/D6780	Crown - 3/4 cast metallic♦	\$ 395.00
D6210-D6212	Pontic - cast metal♦	\$ 385.00

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D6240-D6242	Pontic - porcelain fused to metal*	\$ 385.00
D6750-D6752	Crown - abutment - porcelain fused to metal*	\$ 395.00
D6790-D6792	Crown - abutment - full cast metal*	\$ 395.00
Other Restorative Services		
D2910/D2920	Recement inlay, crown, bridge	\$ 18.00
D2930/D2931	Prefabricated stainless steel crown	\$ 110.00
D2932	Prefabricated resin crown	\$ 135.00
D2940	Sedative filling	\$ 17.00
D2950/6973	Core buildup, including any pins	\$ 100.00
D2951	Pin retention - per tooth, in addition to restoration	\$ 22.00
D2952/D6970	Cast post and core	\$ 155.00
D2954/D6972	Prefabricated post and core	\$ 125.00
D2960	Labial veneer (lamine) - chairside	\$ 295.00
Endodontics		
D3110/D3120	Pulp cap (excluding final restoration)	\$ 10.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 25.00
D3310	Root canal, anterior (excluding final restoration)	\$ 120.00
D3320	Root canal, bicuspid (excluding final restoration)	\$ 145.00
D3330	Root canal, molar (excluding final restoration)	\$ 370.00
D3346	Root canal - retreatment - anterior	\$ 315.00
D3347	Root canal - retreatment - bicuspid	\$ 370.00
D3348	Root canal - retreatment - molar	\$ 445.00
D3410	Apicoectomy/periradicular surgery - anterior	\$ 265.00
D3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$ 300.00
D3425	Apicoectomy/periradicular surgery - molar - first root	\$ 350.00
D3426	Apicoectomy/periradicular surgery - each additional root	\$ 110.00
D3430	Retrograde filling - per root	\$ 80.00
Periodontics		
D4210	Gingivectomy or gingivoplasty - per quadrant	\$ 235.00
D4211	Gingivectomy or gingivoplasty - per tooth	\$ 60.00
D4240	Gingival flap procedure, including root planing - per quadrant	\$ 275.00
D4249	Crown lengthening - hard tissue	\$ 275.00
D4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$ 392.00
D4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$ 235.00
D4270	Pedicle soft tissue graft procedure	\$ 290.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$ 298.00
D4341	Periodontal scaling and root planing - per quadrant	\$ 40.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 24.00
D4910	Periodontal maintenance procedures (following active therapy)	\$ 22.00
D4920	Unscheduled dressing change (other than by treating dentist)	\$ 19.00
D9951	Occlusal adjustment - limited -per visit	\$ 20.00
Prosthodontics (Removable)		
D5110/D5120	Complete denture (including routine post delivery care)	\$ 452.00
D5130/D5140	Immediate denture (including routine post delivery care)	\$ 492.00
D5211	Upper partial denture - resin base, including clasps, rests, teeth	\$ 381.00
D5212	Lower partial denture - resin base, including clasps, rests, teeth	\$ 443.00
D5213/D5214	Cast metal framework with resin base - including clasps, rests, teeth	\$ 500.00
Repairs and Adjustments		
D5410/11/21/22	Denture adjustments	\$ 25.00
D5510	Repair broken base, complete denture	\$ 50.00
D5520/D5640	Replace missing or broken teeth - per tooth	\$ 45.00
D5610	Repair resin denture saddle or base	\$ 55.00
D5630	Repair or replace clasp	\$ 70.00
D5650	Add tooth to existing partial	\$ 65.00
D5660	Add clasp to existing partial	\$ 80.00
D5710/11/20/21	Rebase denture	\$ 200.00
D5730/31/40/41	Reline dentures (chairside)	\$ 110.00
D5750/51/60/61	Reline dentures (laboratory)	\$ 150.00

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MDG Codes ++	Covered Services	3NYM Ortho 1
D5820/D5821	Interim partial denture (stayplate)	\$ 175.00
D5850/D5851	Tissue conditioning	\$ 45.00
Oral Surgery		
D7110/D7120	Extraction - single tooth	\$ 22.00
D7130	Root removal - exposed roots	\$ 30.00
D7210	Surgical removal of erupted tooth	\$ 90.00
D7220	Removal of impacted tooth - soft tissue	\$ 115.00
D7230	Removal of impacted tooth - partially bony	\$ 150.00
D7240	Removal of impacted tooth - completely bony	\$ 180.00
D7241	Removal of impacted tooth - completely bony with unusual surgical complications	\$ 225.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 95.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$ 210.00
D7280	Surgical access of impacted or unerupted tooth for orthodontic reasons	\$ 230.00
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$ 195.00
D7285	Biopsy of oral tissue - hard	\$ 125.00
D7286	Biopsy of oral tissue - soft	\$ 85.00
D7310	Alveoplasty in conjunction with extractions - per quadrant	\$ 105.00
D7320	Alveoplasty not in conjunction with extractions - per quadrant	\$ 140.00
D7450	Removal of odontogenic cyst/tumor, up to 1.25cm	\$ 350.00
D7451	Removal of benign odontogenic cyst/tumor, over 1.25cm	\$ 540.00
D7470	Removal of exostosis - maxilla or mandible	\$ 450.00
D7510	Incision and drainage of intraoral abscess	\$ 105.00
D7960	Frenulectomy (separate procedure)	\$ 230.00
Miscellaneous Services		
D9110	Palliative (emergency) treatment - per visit	\$ 20.00
D9215	Local anesthesia	No Charge
Orthodontics		
D8601	Orthodontic evaluation and consultation	\$ 100.00
D8602	Orthodontic treatment plan and records, including x-rays, study models and diagnostic photos	\$ 150.00
D8070/D8080/D8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the member's age on the date of banding)	\$ 2,425.00
D8070/D8080/D8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the member's age on the date of banding)	\$ 2,425.00
D8670	Periodic comprehensive orthodontic treatment visit	No Charge
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$ 425.00

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Covered services are subject to exclusions, limitations, and Plan provisions.

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If high noble metal/gold is used, there will be an additional Patient Charge for the actual cost of the high noble metal.